Case Closure Summary SPILL, LEAK, INVESTIGATION AND CLEANUP (SLIC) PROGRAM

I. CASE INFORMATION	DATE:			
Site Name:				
Site Address:				
Responsible Party Name:	RP Phon	RP Phone Number: ()		
Responsible Party Address:				
Current Land Use:				
RWQCB File Number:	Local Case Number:	RWQCB Staff:		
Basin Number:	Basin Uses:			
II. RELEASE AND SITE CHARACTER	IZATION INFORMATION			
Description of the unauthorized release (ca	use, release date, source[s]):			
Contaminant[s] identified and amount leak	æd: .			
Description of the soil/geology				
Description of the soil/geology:				
Is soil contamination completely delineated	l (to what levels)?			
Areal extent?				
Vertical extent?				
Est. Volume of contaminated soil left on sit	te and concentration:			
Is groundwater contamination completely d	lelineated (to what levels)?			
Monitoring wells installed, properly permits	ted? Number of moni	toring wells:		
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Depth to groundwater:	Seasonal or tidal	l fluctuation:		
Groundwater flow direction:	Gradient:			
Is groundwater or surface water impacted?				
In an arm I water a sentancia ation a sentain of a				
Is groundwater contamination contained of				
Nearest receptor (Inland Surface Water, Bo	iy, Drinking Water Wells, etc.):			

III. MAXIMUM DOCUMENTED CONTAMINANT CONCENTRATION

San Diego Region	an Diego Regional Water Quality Control Board			Site Mitigation and Cleanup Unit		
		ig/kg) ial	Soil (mg/kg) current	Water (ug initial	/I) Water curi	_
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V. TREATMEN	NT AND DISPOSAL	OF AFF	ECTED MATERIA	AL.		
Material	Amount (include uni		Action (treatment o		Concentration	Date
Soil						
Groundwater						
Free Product						
Barrel(s)						
Tank(s)						
Piping						
V. CLOSURE						
	corrective action pro	tect benej	ficial uses per the R	WQCB Basin P	lan?	
Should correcti	ve action be reviewed	if land us	se changes?			
Monitoring well	ls decommissioned?	N	Number decommissioned:		Number retained:	
Enforcement ac	tions taken:					
Enforcement ac	tions rescinded:					
/I. Signature of	f Reviewer					
i. Signature of	a reviewer					
Staff Name)			Date/	/		
,						
II. Signature o	of Senior Staff					
			Date/	/		
Senior Staff Nan	ne)				c:\wordperfect\clossu	m.wp - 10/9